

Foster Family Home - Corrective Action Report

Provider ID: 1-150036

Home Name: May Rose Coloma, CNA

Review ID: 1-150036-6

94-1064 Hiapo Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 8/27/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 8/27/19.
Corrective Action Report issued during home inspection with all items due to CTA by 9/27/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN done on 8/22/19 for CG #1. Expired on 6/6/19.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8) - CPR and First Aid certification expired on 5/8/19 for CG #4.

41.(f)(1) - No current TB clearance for HHM #1. Expired on 7/18/19.

3 Person Fire Safety, 3 Person Fire Safety (3P) Fire Natural Disaster

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

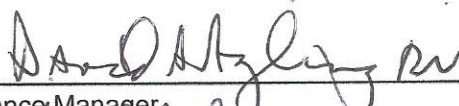
(3P)(b)(6) Fire - CG #2 and CG #3 need to lead a fire drill at least once a year.

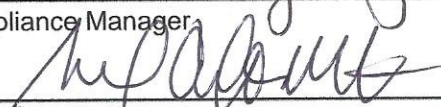
Foster Family Home Records [11-800-54]

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(6) - No RN CMA monthly ^{visit} ~~view~~ flow sheets from CMA #1 for June and July 2019 all clients.


Compliance Manager


Primary Care Giver

8/27/19
Date

8/27/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: MAY ROSE COLOMA

CCFFH Address: 94.1064 HIAPO STREET, XAIPATHU. HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	I SHOWED CTA MY CURRENT APS/CAN ON THE DAY OF MY RE-CERTIFICATION.	8/27/19	I PLACED ALL ITEMS & EXPIRATION DATES (CPR, TB) FOR ALL CGS & HHMS ON MY CELLPHONE CALENDAR. I SET THE REMINDER FOR 1 MONTH PRIOR TO EXPIRATION
41.(b)(8)	I RECEIVED A CURRENT CPR & FIRST AID CERT. FROM CG #4 & PLACED IN MY CCFFH BINDER.		
41.(f)(1)	I RECEIVED A CURRENT TB FROM HHM #1 & PLACED IT IN MY CCFFH BINDER.		
3P(b)(6)	I SCHEDULED CG #2 & CG #3 TO LEAD A FIRE DRILL ON 8/28/19	8/28/19	
54.(c)(6)	I RECEIVED FLOW SHEET FROM CMA & PLACED IN MY CLIENTS BINDER.		I MADE A SCHEDULE & WILL CALL CMA IF FLOW SHEET DOES NOT ARRIVED BY THE END OF THIS MONTH.

Primary Caregiver's Signature: M. Coloma

Print Name: May Rose Coloma

Date of Signature: Sept 8, 2019